

## Application Form

### NIH Summer Institute on Intervention Research

**July 18-22, 2005 – Omni Shoreham Hotel, Washington, DC**

**Please type or print clearly the information requested below.**

Name \_\_\_\_\_

Professional Title \_\_\_\_\_

Department/Division \_\_\_\_\_

University or Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Academic/Prof Degree(s) \_\_\_\_\_ Year(s) Obtained: \_\_\_\_\_

#### **Mailing Address**

(If different from above; where you can be reached between now and the beginning of the Summer Institute.)

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **Supporting Materials**

Please also provide one letter of support from your Dean or Department Chair, a personal statement describing your research and career interests and how the course will benefit them (maximum 2 pages), and your curriculum vitae. In your personal statement please include what category you fall into (see Eligibility Requirements). If you require reasonable accommodations because of a disability in order to participate in this activity, please include this information with your application or inform Heather Thompson (contact information is below) at least 60 business days before the course begins. *A request for reasonable accommodation to a disability will not influence the selection process.*

***Applications must be received by Monday, May 9, 2005. You will be notified of your acceptance by the third week of May. Mail five (5) complete sets of this application and the supporting materials to:***

NIH Summer Institute on Intervention Research  
c/o the Hill Group  
6903 Rockledge Drive, Suite 540  
Bethesda, MD 20817

Phone: 301-897-2789 x132  
Fax: 301-897-9587  
E-mail: hthompson@thehillgroup.com

\_\_\_\_\_ 5 copies of my application form are included.  
\_\_\_\_\_ 5 copies of my **support letter** are enclosed.  
\_\_\_\_\_ 5 copies of my **personal statement** (maximum 2 pages) indicating the basis of interest in the Summer Institute are provided  
\_\_\_\_\_ 5 copies of my **curriculum vitae** are attached.

I understand that the Summer Institute can accommodate only a limited number of applicants and that an applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, I assure the National Institutes of Health that, if accepted, I will participate in the full program of the Summer Institute from 8:00 AM on July 18 to 1:00 PM on July 22, 2005. I am a U.S. citizen or a non-citizen with permanent resident status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

